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FRANK S. PARSONS, M. D., - Editor. DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager. 1409 AECH STREET, PHILADELPHIA, PA.

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LEOPOLD F. W. HAAS, M. D., New York, N. Y.

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A REVIEW OF POTENCE AND IMPOTENCE. PHYSIOLOGY, PATHOLOGY AND OTHER EMBARRASSMENTS OF THE PRO-CREATIVE POWERS. A REVIEW OF APHRODISICAS OF THE PAST AND PRESENT. SEXUAL HYGIENE IN MARRIED AND SINGLE LIFE, Etc., Etc. "FECONDITE" (ZOLA) AND THE "KREUTZER SONA" (TOLSTOY).

By John J. Caldwell, M. D., Baltimore, MD,

(Continued from last number.)

#### TREATMENT.

Want of erectile power is a frequent cause of impotency and curable by electricity, unless it is caused by malformation or other serious pathological changes in the male organ. In such case Faradization of the ischiocavernosus and bulbo cavernosus muscles, which preside over erection, is useful. The same application may be resorted to in cases of sexual hypochondriasis, where patients for some reason or another imagine that they are impotent, but where virile power is not really impaired.

Anæsthesia of the skin of the sexual organs may be relieved by electricity, where impotency is caused by general MAL-NUTRITION, DIABETES, BRIGHT'S KID-NEY TROUBLE WITH THE AUTO-TOXIC INFLUENCE, SYPHILIS, BLOOD-POISONING OR HABITUAL USE OF OPIUM and has-

heesb, excessive tea or coffee drinking, by overstudy and similar causes. See my paper on general excessive use of tobacco.

#### APHRODISIAES.

A general treatment should be combined with the application of electricity, and the internal use of live blood—Bovinine—which goes free so as an immediate restorative of depleted circulation. After repeated trials we have the pleasure of presenting to the profession our experience with the following remedy, commercially known as *Piebegoraus*, viz.:

Muirapuama, Hoang-nau, Petrosehnum, Polygonum.

in combination with aromatics. Like purgative and anodyne remedies procreative tonics are often found to exert their influence on those organs much



ELECTRO MEDICAL MANEG. CO. CHICAGO.

sooner and often more satisfactorily when combined than when given in galenic prescriptions. In the above compound we have the best mingling of ingredients known to the therapeutic world, and as especially useful and favored in the genital organs. They all combine to impart to this mixture the effect so well illustrated in its name of procreative tonics. (Illustrations will follow in coming papers.) In such cases the hypodermic use of strychnia, or granules of strychnia and iron, internally, one-

fiftieth gr. (Detroit Alkaloidal Granule Co.,) over the lumbar portion of the cord, together with galvanization, may restore the sexual energy without any local application to the organs themselves having been made. Mr. Curling has shown that there may be capacity for sexual intercourse, but at the same time inability to procreate or sterility, and that this inability in man may arise from malposition of the testicles, obstruction of the excretory ducts of the testicles, impediments to the escape of the seminal fluid and aspermatism. Whether deficient secretion of semen may be improved or cured by electricity is at present not known. It does not appear impossible that it should be so, for electricity has considerable effect in arousing the activity of the vaso-motor and secretory nerves in general. By electrifying the skin we may produce erythemata and papular eruption; in cases of amenorrhœa electricity is often instrumental in restoring menstruation; in paralyzed limbs, which have been cold and flabby, a proper degree of animal heat may be induced by galvanization or Faradization, viz., ensutral infantile paresis notably a resultant of club foot and other deformities from a loss of use, (See illustration of batteries)

sults of inflammation, cancer, tubercle or other pathological processes which destroy the structure of the testicles and therefore render secretion impossible. Observations on this point are as yet wanting, but in the absence of other remedies for the condition just mentioned, electricity, and more especially constant currents, deserve a trial.

Spermatorrhoe i may occur both during sleep and in the day time, and is generally the consequence of the passions being excited without an op-



A deficient secretion of semen may be increased and lacteal secretion in women after parturition may be excited, and the secretion of tears nasal mucus and of saliva is likewise stimulated by the application of electricity. It therefore appears, a priori, not unreasonable to expect that the secretion of semen may be restored or improved by galvanizing the spermatic nerves or the testicles; provided, of course, that the want of secretion is due to paralysis of the secretory nerves of the organs and not to the re-

portunity for their gratification. In nine cases out of ten spermator-rhoea comes on after masturbation has been practiced for some time, and constitutes a troublesome complaint, which is generally attended by symptoms pointing to a profound disturbance of the central nervous system. I recommend the application of nitrate of silver to the prostactic portion of the urethra in those cases with the internal administration of atropine granules 1-250th grains at a time (D. A. G. Co.), which do not get well by con-

stitutional treatment alone, and the occasional introduction of bougies and cold steel sounds electrical (View 12

The below described electrical instrument is an excellent up-to-date in all respects Faradic Battery,



grades Electro Medical Manufacturing Company), and my success appears to have been marked. Galvanization of the prostatic portion of the urethra may likewise be employed. It has the advantage of being readily adapted to the special sensibility of each patient, and causes no distress during or after the application, if this be judiciously performed.

### ELECTRICITY PRODUCED BY UP-TO-DATE INSTRUMENTS

Will bring great results. In order to introduce our goods to the readers of this journal, we will offer the following big bargains for the next sixty days:

sixty days:
Faradic Battery, with three dry cells like above flustration, with large Faradic Coll, Adjustable Rheotome, Indicator and Electrodes. Catalogue price, —. Price, for this sale, —.
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Send 3 cents in stamps for our catalogue, with full line of Faradic Batteries, Galvanic Batteries, Cautery Batteries, Table and Wall Plates Illuminating Instruments, Electrodes Static and X Ray Machines.

ELECTRO MEDICAL MANUFACTURING CO., Dearhorn Street. Chicago, Ill.

Dearborn Street, Chicago, Ill. and gives forth a variety of currents in strength and virtue of every modification. (See descriptive catalogue.) The dry cells, which are a great convenience, there being no stains or corrosions, and far more reliable than the fluid exciters, being more uniform and lasting a longer period without r pair, and are renewed at a minimum cost. I add advisedly that after twenty-five years of administration of electricity in medicine and surgery, I find them to be superior to any in the distribution of the various currents; that they are more readily handled and have a wider scope of usefulness.

Again, as to the use of electricity in impotency, we should place the copper pole of the constant battery over the lumbar vertebræ and pass the zinc pole forty or fifty times in the direction of the spermatic cord: then transversely over the different zones of the upper and lower surface of the thighs, and then likewise in the perineum; such a sitting should last two or three

minutes, as short seances prove in my hands more efficient and less dangerous from neural exhaustion. Moreover, about three times a fortnight the copper pole should be applied by means of a catheter-shaped sound to the vicinity of the ejaculatory duct, and passes should be made with the zinc pole in the direction of the spermatic cord, if there are any particularly insensible places, with the use of Faraday's galvanic brush, and if the testicles are peculiarly insensible I pass a strong current through them.

The sittings should take place every day and should be continued for some time, as improvement does not take place for months in some cases. Schultz, in Vienna, has for a long time used the induced current for pollutions and impotency, under this treatment the success was very poor, but he claims that it is greater since he has commenced using the constant current. He places the positive pole over the fifth dorsal vertebra, the negative over the sacrum or to the perineum. Each sitting lasts from one to three minutes and they are repeated three or four times a week. Schultz employs a battery with twenty or thirty "S:ohren" elements ot medium size.

Althaus says electricity has been frequently employed for the cure of amenorrhoea, and generally with satisfactory results. Dr. Golding Bird expresses his belief that it is the only really direct emmenagogue we possess, and that it always excites menstruation where the uterus is capable of performing that function. Dr. Bird has cured twenty-four cases of amenorrhoea by the application of static electricity. The mode in which he applied it was to transmit a dozen shocks (using Leyden's jar, holding about a pint), through the pelvis, one conductor

being placed over the lumbar sacral region and the other just above the os-pubis. Cases of amenorrhœa cured by this application of the continuous current are thoroughly endorsed by Drs. Westring and De Molte, and Sir James Y. Simpson has seen good results from the use of hisintra-uterine pessaries, which are composed of copper and zinc. The induced current has proved beneficial in the hands of Duchenne, Schultz, Baierlacher, and my own. Electricity . is especially valuable as an emmenagogue in young women when the menstrual function has not yet been fully established, in consequence of a torpid state of the vase-motor nerves of the ovaries and uterus, and alsowhen the catamenia have been lost after labor or in consequence of a chillor an emotion. When amenorrhœa iscaused by structural diseases of the ovaries and uterus prognosis is unfavorable, I have taken some troubleto determine the most effectual way of administering electricity in amenorrhæa. Duchenne has recommended faradization of the womb, which is certainly effectual but not applicable to unmarried women. Experience has shown me that in many cases catamenia are brought on, whatever part of the body may have been faradized, but that the most effectual way after faradization of the womb, is to apply one electrode to the abdominal parietes and the other to the lumbar spine. It has frequently happened in cases under my care that the catamenia appeared after one or a few applications when the Faradic treatment was employed for an entirely different complaint. Thus, for instance, in a lady suffering from aphonia, I guided a mild current along the course of the recurrent nerve; a

few hours afterwards the catamenia. which had not been expected for a week, appeared. In another lady I faradised the drum of the ear for nervous deafness and noises in the head. Soon after the operation the patient felt a general sensation throughout her body, and the menses, which had been tardy in their appearance, came a week too soon. Enlargement of the uterus without inflammation occurs after child birth, in consequence of defective involution of that organ, and its symptoms are similar to those which are due to true chronic inflammation. viz., a sensation of weight, fulness and dragging about the pelvis. Standing and walking are shunned, and if a little more exercise than usual is taken severe pain is felt in the hvpogastrium, the inguinal and sacral regions. The catamenia are mostly scanty, irregular and painful. A leucorrhœal discharge is either permanently present or occurs a few days previous to the period. Digestion

is tardy and imperfect; there is frequently sickness, habitual constipation and tenesmus about the bladder and rectum, and anæmia and a weak and irritable condition of the nervous system follows in due course. Dr. G. Murray has used Sir James Y. Simpson's galvanic pessaries for the relief and cure of sub-involution of the uterus where the organ was heavy, larger than natural and flabby to the touch, the os uteri open or readily admitting the point of the forefinger, the anterior, posterior or both lips thickened or elongated, and where there is an offensive discharge from the cavity of the womb and an excess of menstrual flow. In one case of this kind, where the organ was also retroverted and Hodge's pessary had failed to remedy the diseased condition, Dr. Murray succeeded by the introduction of the galvanic pessary in reducing in the course of a fortnight the large, flabby uterus nearly to its normal and healthy condition.

(To be Continued.)



#### ON RADICAL OR TENTATIVE TREATMENT OF PILES.

BY THOMAS H. MANLEY, M. D.,

Visiting Surgeon to Harlem Hospital, New York.

Before we contemplate methods to be adopted for the cure of a lesion, it is imperative at the outset that we possess a correct understanding of the pathological processes in operation; in hemorrhoids, for example, whether or not they depend on constitutional conditions, of which they are but a local expression: whether or not they depend on transient physiological or functional states, or, finally, on organic structural changes, in the thrombosed varices; nor shall we overlook the fact that one may believe he has only "piles," while above them is a cancerous or syphilitic stricture, a prostatic abscess or a tumor.

OUR REMEDIAL RESOURCES NOW AS CON-TRASTED WITH FORMER TIMES.

It is also desirable that we bear in mind, when we reflect on the therapeutic aspect of the question, that our resources now for safely and painlessly dealing with hemorrhoids are comparatively infinite when contrasted with former times.

The local analgesics, aseptic materials and improved instrumentation render prompt and effective relief quite as certain as many of the older, more mutilating methods of treatment, which always require the employment of ether or chloroform, something which many have so great a dread of that they would rather bear the distress of the local trouble than be anesthetized.

There is no question but if one seeks the shortest route to recovery who has troublesome hemorrhoids of any type, and is ready to take the risks of full narcosis, the keen-edged scalpel, the clamps or cautery, one or all combined should be the resource.

If, on the contrary, great haste is not important, if one have an antipathy to anesthetics, or suffers from any nervous, heart or kidney trouble, palliative measures, judiciously instituted, will enable us to first effectively secure a permanent cure as the more radical and hazardous means of surgical intervention.

Our first attention must be directed to the general condition, the portal circulation, the state of the liver and the digestive organs. If there be a tendency to constipation, or coprostasis, we will do well to give the colona complete cleaning, by an irrigation with well soaped water of a temperature of at least 120 degrees Fahrenheit; combined with this should be digital exploration of the rectum, with a view of displacing any masses of impacted fecal material which may remain behind.

This simple procedure, preceded by a mercurial cathartic, will often dispelan exacerbation of hemorrhoidal stasisand restore ease and comfort without any further treatment.

#### BLEEDING AND ITCHING PILES.

The above types of hemorrhoids are those which most frequently give distress, and call for definite measures of treatment to suppress the waste of blood and annul the misery occasioned by an increasing pruritus.

These are the cases which must go to the operating table or be taken in hand by office treatment.

When the latter is chosen, in order to secure the full confidence of the patient and effect the best results, our treatment must be painless.

Having given the patient a moderate clyster and cleared the rectum, we turn to the local anesthetics, and among the first should be placed phenic acid, a substance which, when employed with care on inflamed mucous membranes, powerfully annuls sensation; or we may use cocaine or eucaine solutions.

The patient having forced the tumors through the lower sphincter, they are carefully swabbed clean and dry, when an analgesic is applied. Sometimes, when we wish to divide the mucous membrane and squeeze out semi-organized thrombi, or cauterize small ulcerative patches at the base of or between the tumors, the spray of the chloride of ethyl answers admirably in suppressing all painful sensation.

The piles in view and readily ac-

cessible for amputation, we are free to subject them to destruction by torsion-tension, compression, to injection, to ligation, to excision, to the cautery, or such procedure as each individual case suggests.

#### AFTER-TREATMENT AND REPETITION.

After each office treatment we shall always press all the protruding masses up inside the sphincter, introduce an opium suppository, and apply a firm supporting pad over the anus.

Usually this treatment will require renewal for six or eight times, more especially if ulceration complicates the hemorrhoids, though not infrequently, but two or three calls will suffice.

Thereafter the bowels must be kept regular and constipation avoided.

### ETIOLOGY OF SKIN DISAESES.

BY DR. W. R. INGE DALTON.

Member of American Medical Association; member of New York State Medical Association; member of New York County Medical Association; member of New York County Medical Society; Dermatologist to Metropolitan Hospital and Dispensary.

The characteristic lesions produced by microbes, whether the parasites be of the Ameboid variety, the Coccidial or belong to the forms of Fungi of decomposition, or Saprophytes, are due to cellular reaction of the organism opposed to invasion, the organism maintaining and constantly exerting defensive resistance.

All, up to date, pathological histology has for its conception the fact that the phenomena are caused by the antagonism existing between, the microbes and the organs of defense of the skin, vis: the Epidermis, the Derma, and White corpuscles—the epidermic epithelia, for armor, erects indurated cells by proliferation; the fiber cells manufacture fibre and the Leucocytes as unicellular ameboids engage the foe, embrace and devour it. The exfolia-

tion is merely the defense set up by the epidermis, and the Leucocytes fight against infection by suppuration, and the fibrous tissues struggle for mastery by induration; each one striving for conservation of material for existence.

There is a multiplication and proliferation of living cells when ever, and where ever, there is marked irritation, no matter whether the cause be chemically pathologically toxic or dinamicaly mechanical.

A year ago I wrote, "I have demonstrated to my own satisfaction that all skin affections are due to a nutritive disturbance, a defective degenerative metabolism, owing to which there ensues deficient utilization of nutritive substances conveyed to the tissues; producing a lethargic condition of the skin, an inefficient stimula-

tion of the nerve twigs supplying the Sudoriferous glands, because of a morbid state of the Vaso-Motors and to auto-infection from the intestinal tract which auto-intoxication, if not arrested leads to acute pathological lesions:that bacterial agencies cause these septic and putrefactive changes in the alimentary canal, and that inanimate toxins maintain selective affinities for the tissues, exerting their action upon the primordial protoplastic groups of cells." I am inclined, more and more, to think that the bond which connects the diatheses of the Dermatoses with Gout and Asthma, is generated by indiscretion of diet, and "Hic est Mucro Thesis Meae" (This is the milk in my cocoa-nut): that the chyme passing in a hyper-acid condition from the stomach through the Pylorns, into the second stomach, entails such increased labor upon the Duodenum, that its contents cannot be rendered sufficiently alkaline for physiologic metabolism.

Here is the starting point—this acid dyscrasia, as I believe, the inevitable fons et origo of the pathological lesions which lead certainly to all diseases of the skin save the contagious exanthemata. The nidus is here furnished for the elaboration of the pabulum upon which the microbe-organisms feed and propagate, thereby favoring organic fermentative changes throughout the Ileum and large intestine, culminating in stasis of cellular action, cutaneous obstruction, and peripheral atrophy: visceral, cereural, pulminary, or cardiac lesions. hyper-acidity also inhibits the functional action of the glands of Lieberkuhn & Brunner. The Duodenum is the paramount reflex centre for the entire intestinal tract—the pancreatic and biliary fluids pour into it, the Parvagum connects it closely with the Central nervous system; the Solar plexus associates it with the Sympathetic, the Splanchnic with the filaments of the Spinal Cord, as well as the Thoracic centre. and with the Plexi of Auerbach and Meisner (the one of the muscular coat, the other with the Mucosa). It is here that iron is absorbed, and taken up by the transport cells, combined with albumious bodies, to be carried into the circulation, and it is the receptacle for an immense amount of blood. These physiological anatomical endowments all demonstrate the supreme importance of keeping a watchful supervision, so that the functional action of the Duodenum may not be impaired. It is rather co-incidental that when ever there are extensive excoriations or lascerations, or burns, involving a a large amount of surface, there follows ulceration of this organ.

In Dr. Meyer's magnificent paper read before us, here, November, 20 1899, he closely coincides with Klebs, in the hypothesis, that the infection caused by bacilli goes from the tonsillar crypts directly into the circulation, but I hold to my theory as being more tenable—it is that the Chyle is emulsified while undergoing pancreatic digestion in the alimentary tract, and these minutely divided products transport the pathogenic germs immediately through the lacteals, without causing infection locally, into the Vena Caba; the lymph of the lympathic system with the micro-organism enveloped in the chyle, goes directly through the Thoracic Duct into the left Innominate vein, and from the Innominate into the Venous circulation, through the right heart to the lungs, setting up infection there (by retarding oxidation) or they pass on, with the blood to find access to the Cutaneous system-where if they find suitable culture-media, the nidus upon which to feed, their deleterious action commences; leading to an aberrant cellular activity, caused by changes in contiguous surrounding fluids, unless the phagocytes succeed in devouring them.

We meet with brilliant chemical results in the treatment of Summer diarrhoea in children—those cases where the stools emit a characteristic odor, showing albuminoid decomposition or acid fermentation, when we feed them upon a low percentage Pasteurised, highly alkaline fresh milk without exhibiting even one grain of medicine.

There are other etiological factors, such as the physicological process of Reflex irritation, of Dentition, Hard fecul accumulations, Pregnancy, Epileptiform-convulsions, Shock, Worms, Phimosis, Adenoids etc., causing, temporarily, tendencies to morbid condition of the skin, but the causa cauam, the main etiologic element, I proclaim it boldly, is hyperacidity of the chyme in the Duodenum, to this is due the many ills that skin is heir to. I have based my treatment upon this etiological theory, and have met with phenomenal confirmation of its efficacy, in my service at the Metropolitan Hospital and Dispensary, and in private practice in the various forms of Eczema, Pemphigus, Psoriasis etc. I prescribe

R.	
Naphthalin	gr. 1.11
Ipecae	gr1
Charcoal	gr111/2
Calomel )	
Strychnia } aa	gr. 1.120
Pilo-Carpine)	

The Naphthalin causes antisepsis, and inhibits the action of the microorganism, throughout the Ileum and large intestine, thereby arresting organic fermentative changes. The charcoal besides being a splendid antiseptic, converts the ancrobic condition of

putrefaction into compounds which are not destructive to the tissues; the mercury, whether it acts upon the liver or not, destroys the Bacterial forms in the Duodenum and Jejunum and lowers the blood pressure; thereby accelerating capillary circulation, thus favoring digestion and obviating putrefaction; the Pilocarpine and Ipecac, exerting at the same time their influences upon the Sweat glands and Lymphatics; and finally the strychnine toning up the Vaso-motors and the whole cutaneous nervous system: I do not claim that my remedy will kill the pathogenic microbes in every instance, but it does limit their morbid energies, and by so doing gains time for the conservative remedial agencies of the organism to perform their normal functions. Some pathogenic bacteria, which elaborate toxins or ptomainer, in septic or putrefactive conditions, are other wise entirely innocuous. We can unquestionably lessen their virulent activities by altering the environments the pathogenic organisms. Of course, the stomach must be in proper condition, suitable diet enjoined, otherwise, no matter how specific the remedy may be, if the sympathetic nerve centers, governing metabolic processes, standing for assimilation, are held in check from ptomaine intoxication, no good effects can follow.

It is only recently that the term "Eczema Parasiticum" has been tentatively admitted to the nomenclature, but not yet added to the classification of Dermatology—"Causa latet; Visest notissma" I repeat, a new classification of skin diseases has become necessary.

101 Convent Avenue, New York City.

Read before society of Medical Progress New York, April 4, 1900. REPORT OF A CASE OF POTT'S DISEASE, WITH A WOOD-PLASTIC JACKET, EXHIBITED BEFORE THE ORTHOPOEDICS SECTION OF THE N. Y. ACADEMY OF MEDICINE, NOVEMBER 17,1899.

BY DR. EDWARD A. TRACY, BOSTON, MASS.

The case shown is a Pott's disease of the lower dorsal region. The child has been under treatment for five years. At the commencement of the treatment she had on a plaster-of-Paris jacket for three weeks, which was removed, the mother of the child informed me, because of excoriation. She was then treated on the Bradford frame for several months, and then a leather jacket was applied to her at the Boston Children's Hospital. Through the courtesy of Dr. Bradford, a wood-plastic jacket was applied, similar to the one she now wears. The material was moulded directly upon her body. unlike other rigid jackets which are moulded upon casts. The first woodplastic jacket was moulded upon her four years ago. It had a fenestrum over the spinal knuckle, which was then prominent; felt pads were placed over the lateral processes of the involved diseased verte brae, and these pads were efficient in correcting the deformity.

The jacket which the child now wears and which you are invited to examine, was moulded upon her twenty months ago, and as you can perceive it is a rigid and efficient support, notwithstanding the use and abuse that an extremely lively child has given it during a year and eight months. In Milford I have a case of lumbar Pott's disease, a boy four years

old wearing a wood-plastic jacket moulded upon him over two years ago. Such jackets last till the children outgrow them.

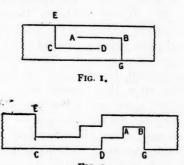
These cases illustrate the durability of the wood-plastic jackets,

A word about the construction of a wood-plastic jacket. The material is wood-fibre in which gauze has been imbedded, this giving it tensile strength, when moistened it can be easily moulded upon the body. The jacket shown consists of four pieces, three forming the main part of the jacket, that which encases the patient and the remaining piece being the hinged front which allows of lacing when the jacket is upon the patient. The pieces which formed the jacket were moulded upon the body by means of a retentive plaster of Paris bandage; after twelve hours this bandage was removed and the moulded pieces of the jacket glued together. This was covered with cotton cloth, which was glued on, and then holes were punched into the jacket to serve for ventilation. The jacket was then covered with coatings of celluloid. This protects it from perspiration and permits of its being cleaned. Jackets can be more easily moulded upon a cast, and the technique is similar, except that an ordinary bandage is used in place of the plaster bandage.

NEW YORK ACADEMY OF MEDICINE, SECTION ON ORTHOPAEDIC SURGERY, MEETING OF MARCH 16, 1900.

LENGTHENING THE TENDO ACHILLIS.

Dr. R. A. Hibbs presented five patients affected with talipes equino-varus, the result of infantile paralysis, on whom he had performed a new operation, as follows: The tendo Achillis having been exposed by a parallel incision 11/2 inches in length, made to its outer side, it was cut transversely within 1/2 inch of its insertion, through two thirds of its substance and with the turned knife it was then split upwards a certain distance. A quarter of an inch above the end of the longitudinal cut another transverse cut was made from the opposite side through two-thirds of the substance of the tendon and the knife being turned the tendon was again split to within 1/4 inch of the first transverse incision. Thus the tendon was served in such a manner as to secure its lengthening and at the same time to preserve its continuity. In figure 1 the first transverse cut would be from E to C, the first longitudinal from C, to D, the second transverse from G to B. and the second longitudinal from B to A. When traction was applied lengthening would occur as shown in figure 2 and it would be equal to the sum of the 2 longitudinal cuts minus the sum of the two laps of 1/4 inch each. In figure 1 if C, D, is ½ inch, B, A, ½ inch, A, to E, C, 1/4 inch, and D, to G, B, 1/4 inch, then the lengthening would be (1/2 inch plus 1/2 inch) minus (1/4 inch plus 1/4 inch),



or 1 inch minus ½ inch or ½ inch. It was a matter of choice whether the longitudinal or the transverse cuts were made first, but it was important that the skin incision should be to the outer side of the tendon in order to prevent the scar from falling directly over the tendon which might be rubbed by the shoe. Dr. Hibbs had learned since operating by this method that it had been practised in a case of traumatic equinus by Sporon, a Dane (Hospitals-tidende, 3rd series, Vol. IX, No. 50, 1891).

Case 1. In a girl 8 years old, a short tendo Achillis had prevented flexion of the right foot within 10 degrees from a right angle. It was lengthened by this method on Sept. 22, 1899, and the foot was fixed at a right angle. In two weeks slight voluntary motion was allowed and the muscle received daily exercise with some resistance from the attendant. After

½ inch lengthening had been secured there was positive resistance to any further flexion of the foot than was allowed by the lengthening. The child walked with strong control of the os calcis.

Case II. In a girl 12 years old flexion of the left foot was impossible within 15 degrees from a right angle. The tendon was lengthened 34 inch on July 6, 1899. With suitable after treatment the result was an excellent position of the foot with strong action of the muscles of the calf.

Case III. In a girl 14 years old flexion of the right foot was prevented within 10 degrees from a right angle. The tendon was lengthened 1 1/4 inch on June 16, 1899, an unusual amount in order to relieve extreme valgus, with resulting good control of the os calcis. As the valgus was recurring a tendoe grafting would be done.

Case IV. In a girl 8 years old the left foot was inflexible within 45 degrees from a right angle, appearing to be almost in a straight line with the leg. The tendon was lengthened 13/4 inch on June 16, 1899, and the foot fixed at a right angle. It was believed that an ordinary tenotomy would have been followed by loss of usefulness of the calf muscles It was seen, however, that this action was excellent.

Case V. In a girl 14 years old the right foot had been inflexible within 15 degrees from the right angle and the tendon was lengthened 34 inch on June 16, 1899, and the foot fixed at 90 degrees. The muscle and tendon showed enough strength to sustain the weight of the body on tip-toe and this had been true of all the cases presented. In no case had an effort been made to correct the equinus beyond a right angle. Further correction might be desirable in congenital but not in acquired equins.

That the strength of a tendon lengthened in this way was not seriously impaired was proved by the observation that in every case there had been resistance to the carrying of the flexion beyond the limit allowed by the operation and also by the ability of the muscle and tendon to sustain the body on tip-toe. The process of repair had been rapidly completed after operation by this method, which presented obvious advantages over those in which sutures were applied to the tendon. But the greatest advantage had been found in the readiness and certainty with which the desired amount of lengthening could be exactly secured.

A perfect gait required the "spring" or elastic quality imparted by the muscles which enabled the anterior part of the foot to sustain the weight of the body in walking. Without this power the gait would be that of one who had a wooden foot or a toot affected with talipes calcaneus. In equins following infantile paralysis it was probable that the muscles were more shortened than the tendon and, as lengthening the muscle was generally impossible, operative relief had to be sought by lengthening the tendon. In operating, however, it was important on the one hand to avoid leaving the tendon so long as to impair the action of the muscle and on the other hand to avoid leaving it so short that the equinus would not be sufficiently overcome. This method enabled the operator to maintain exactly the proper relation between the length of the tendon and that of the muscle. By subcutaneous tenotomy the equinus was readily corrected but in many cases the result was a serius defect in the gait from undue lengthening of the tendon and resulting shortening and inefficiency of the muscle.

Dr. A. M. Phelps said that it was immetorial whether a muscle was operating at its full length or whether the same amount of muscle tissue was operating at a shorter leverage. The power was precisely the same, as in-

stanced by putting your arm nearly straight or flexing it. So long as the amount of muscle cells remained the power was the same. Open incisions for primary operations on the tendons should be avoided and in the ordinare subcutaneous operation the tendo Achillis should be made too long if possible by over-correcting, the normal process of repair being relied on to fill in the space between the ends and to secure an accurate and efficient adjustment of the relative lengths of the structures. He had repeatedly seen 4 inches replaced after division of the tendo Achillis and perfect function of the muscle restored.

Dr. Hibbs said that an alteration in the relative length of the muscle and its tendon modified the effect of muscular contraction. If the tendo Achillis was lengthened the contractile power of the muscle cells might remain but the extent to which the os calcis could be raised by the contraction of the muscles would be lessened. If the muscles of the calf could not momentarily sustain the weight of the body on tip-toe in the act of walking they were not of great use.

Dr. H. L. Taylor said the fear of impairment of function after ordinary tenotomy properly done and followed up was unnecessary. It was formerly the custom after division of the tendon to put the foot up in the deformed position and correct the deformity at subsequent sittings. Correcting the deformity immediately after the operation was attended with good results. It was possible to elongate the tendon too much but such cases were rare. He had been looking for years for a case of ununited tendon after tenotomy, but had not found one. The exact amount of correction would vary with the kind of case. It was a matter of judgment. The results in the patients shown were admirable.

Dr. H. Gibney said that he had seen one or two adults in whom the tendons had failed to unite. He could see no advantage in the new operation over the ordinary subcutaneous method after which many cases acquired a length of 2½ inches. The results shown, however, were excellent and would be better still after tenderness and an indisposition to voluntary motion had worn off.

Dr. J. P. Fishe said that the results shown were good and that the details of the new operation were very interesting It was, however, a departure from the rule of simplicity which characterized the old operation which, almost without exception, gave results which left nothing to be desired.

Dr. A. B. Judson admired the mechanical ingenuity displayed in the operation. A short tendo Achillis produced no deformity and did not interfere with the normal gait excepting in case in which the tendon was extremely short. Normal flexion of the ankle might be said to be about 40 degrees within a right angle but with 10 degrees thega it was normal in appearance and ability and the patient experienced no incovenience, even when assuming the unusual position of squatting. In measuring the equinus it was desirable to have the leg flexed on the thigh in order to relax the gastrocnemei which had their origin in the temur. The foot being held flexed manually, so far as it could be done painlessly, one arm of the goniometer might be made parallel with the crest of the tibia and the other parallel with the inferior surfaces of the os calcis and the head of the first metatarsal bone. The degrees could then be read on the scale. In the use of the club-foot brace for congenital equino-varus setting the upright backward from a right angle lengthened the tendo Achillis, which was contrary to what might have been expected. The object of setting it backward was to increase the leverage applied for the reduction of the varus. Lengthening of the tendon followed this adjustment in every case.

Dr. Taylor had a few years ago offered an explanation of this action of the clubfoot brace by the theory that, as the inner border of the tendo Achillis was shorter than the outer border, when the foot was rotated outward by the brace the inner border was first put on the stretch and gave way, fibre after fibre, thus unexpectedly lengthening the whole tendon.

Dr. Hibbs said that he had operated in this manner on upwards of 20 patients but those presented had been the only ones in whom sufficient time had elapsed to make the presentation useful. It was vastly more important to preserve the action of the muscles than to relieve the deformity which was generally not serious and in some cases absent.

#### DISCUSSION ON CANCER OF THE BREAST.

In the discussion Dr. Torck said that three things must be determined as a preliminary to every radical operation for cancer of the breast. First, how much skin shall be removed? Second, to what extent the glands must be dissected out and, third, how much muscle must be removed? Since the publication of Halsted's very favorable results, in 1894, Dr. Torek has always removed both pectoral muscles in all cases of cancer of the breast. He has never had occasion to regret it. Among his patients were a number of working-women in whom it might be thought that the function of these muscles would be very much weakened. As a matter of fact, however, their removal injures but slightly a woman's capacity for doing work and patients complain but little of the after-results. The removal of the fascia above the pectoral muscle is practically never sufficient. If the muscle is visibly affected its removal is surely indicated. It must be borne in mindthat where there are no macroscopic appearance of the invesion of the muscle by the cancerous process, the microscope may reveal the

presence of an abundance of cancercells.

REMOVAL OF GLANDS.—It is agreed by all operators that the glands into which the cancerous tissue drains must be removed. It used to be considered sufficient to remove the axillary glands only. Some surgeons were satisfied to open up the axilla and remove the superficial packet of glands beneath the skin. They seemed to think that this was all that was necessary. There was no question in their minds of having to remove the glands at the apex of the axilla between the scaleni muscles. There is no doubt that very often, when it is entirely unsuspected and when there are no clinical signs of the fact the glands behind the pectoral muscle are also invaded. These must be removed.

It has become more and more evident that for the sake of avoiding recurrence, the skin over the cancer must be sacrificed. The skin is the foremost organ with one exception in which recurrences of cancer take place. Dr. Torck in his experience

has had most cancer recurrences in the pleura, next after this in the skir,

PROGNOSIS OF MAMMARY CANCER.—Dr. Manley said that cancer of the breast is the most frequent malignant growth that comes for operation. Despite the optimistic opinion which has been developing of late years the condition is practically incurable in considerably more than the majority of the cases. Scarcely more than a decade ago, Dr. Sands here in New York was so discouraged by his experience in the surgical treatment of mammary cancer that he declined to operate. seemed to think that the patient was exposed to needless risk without any reasonable hope of benefit to be derived therefrom, certainly without prolongation of life.

There are three things the patients wish to be assured of when they come to be operated on for cancer: First, whether life will be endangered by the operation; secondly, whether it will impair the usefulness or any member, and thirdly, whether it will be curative. At the present time the mortality has been so much reduced that patients may be at once reassured on the score of danger from the operation itself, although it must be borne in mind that a certain mortality attaches to the operation and patients should not be given too absolute assurance as to its lack of danger. As to impairment of the usefulness of the arm, the modern complete operation undoubtedly does leave the arm much weaker than before, besides, when the glands of the axilla are completely removed, sometimes elephantiasis results. Painful conditions of the arm with loss of power and trophic changes sometimes come as the result of interference with the nerves during the dissection of the axilla. It is doubtful if the present optimistic move with regard to what is called the complete operation is entirely justified. It must be remembered that after simple removal of the gland in the old days patients frequently lived for three years and sometimes for much longer, even up to nine or ten years. Now, after complete removal of a not very large mammary carcinoma, with all its connecting lymphatics as far as they can be reached, recurrence is not out of the question.

Where local recurrence did not take place Dr. Manley has seen it come in the larynx or in some other of the internal organs. On the other hand, where no attempt is made to remove the lymphatics, recurrence may not take place in these. Dr. Manley has recently seen a case of mammary carcinoma treated by caustics. Recurrence took place not in the lymph glands, but in the other breast.

DELAYED RECURRENCE. - Dr. William H. Thomson said that the citation of Dr. Sands' name recalled a patient whom he had seen eight years ago and who ten years before had been operated on by Dr. Sands for mammary cancer. The operation consisted in simple removal of the mammary gland. Recurrence came in the axillary region ten years after original operation. The limit of three years, then, for cured cases would seem to have certain exceptions in slow growing cancers. - Medical News.



#### BITS OF MEDICAL FOLK-LORE.

BY G. W. MOOREHOUSE, M. D.

House Officer, Massachusetts General Hospital, Boston.

This article gathers together for preservation certain remnants of the thoughts of the past, as found in the folk-lore or popular superstitions of the present. The subject-matter affords a sufficient reason for presenting it to a medical audience rather than to the more general one to which the enumerator of popular superstitions usually addresses himself.

About one-half the items relating to pregnancy and child-bed were collected by externes of the Boston Lying-in Hospital, the majority by the writer. The rest of these items as well as most of the miscellaneous superstitions are from the general collections of one of our best known workers in American folk-lore.

There is a great difference between the mere repetition of a bit of folk-lore, when circumstances recall it to the memory, and action based upon a similar superstition. We might think that belief in witchcraft had passed away long since if it were not for our daily newspapers which tell us every now and then of the persecution or actual murder of one who has in some way gained the unsavory reputation of being a witch. In this article the writer has attempted to show that in some cases enough value is still accorded to folk remedies to ensure their occasional use.

CHIEFLY OF PREGNANCY AND CHILD-BED.

A child was born to a Russian Jew, and upon the delivery of the after-birth a neighbor of the same race wished to have it. After much questioning the externe learned that she had heard that (1) to eat a placenta is a sure cure for sterility, and proposed to make an experiment in therapeutics.

- 2. Often in pregnancy the woman is very well while the husband looks very wretched. "No," said the Irish mother of a large family, "I never feel better in my life than when I am in a family way, for my old man, you know; he takes all my sickness." In a little higher grade of society two women were gossiping. Said one, "Have you noticed Mr. So-and-so, how miserable he looks this summer?" "Yes," said the other, "don't you know the reason? Why, his wife is pregnant."
- 3. If a pregnant woman stir boiling soap it will not "come" (Md.)
- 4. If when a woman is pregnant she touch a piece of meat it will spoil within an hour. It is said that butchers of the Isle of Jersey will not allow women to handle their meat for fear of loss from this cause.
- 5. Pregnant women must avoid the smell of paint, else they'll miscarry (Mass.).
- 6. A mole on the left breast is a sign of easy child-birth (Nova Scotia).
- 7. If a preguant woman steps on a tangled rope or string, the child will have the cord around its neck (Russian Jew).
- 8. If a woman in labor puts her hands above her head, it is said she thus interferes with the descent of the child (Russian Jew).
- 9. By an examination of the placenta held in the hand it is possible to tell how many children the woman is to have (Russian Jew). An attempt to secure further information on this interesting subject elicited only the reply, that "the doctor always knows," the rebuke being doubtless unintentional.

10. White streaks in the cord show the number of babies (Russian Jew).

11. If the mother has a good deal of heartburn during her pregnancy the infant will have a good deal of hair on its head (Nova Scotia).

- 12. A "longing," the abnormal craving of a pregnant woman for some special article of diet, should be gratified, otherwise the child will be marked by a picture of the desired food (common in England and America).
- 13. Should a pregnant woman be hit by any object thrown at her the baby will have a birth mark on a corresponding spot (Russian Jew). The authority of this item told of the regret expressed by a neighbor who had accidentally hit her with some article of wearing apparel while sorting clothes for the wash.
- 14. If anything occurs during pregnancy to startle the mother, and so according to popular belief, to "mark the child, the mark may be transferred from visible parts, for example, the face, to invisible, for example, this leg, by the mother quickly rubbing that part of her own anatomy to which she wants the mark transferred and wishing it there (Ireland).
- 15. The first four months of pregnancy are those of greatest danger to the child (Russian Jew).
- 16. During the first four months of pregnancy a woman who sees an animal may give birth to that animal that is, to a monster. To avoid so unpleasant an accident she should gaze steadily at it until she becomes tired of looking, and all will be well (Russian Jew).

"A woman before her child is born must not look hard at any animal, for the child may be like it," says the American Indian, and illustrates by example.

17. If a mother during pregnancy is

startled by a hare crossing her path, the child is liable to have a hare-lip (Ireland).

- 18. If a pregnant woman passes an enemy, and he knows of her pregnancy, he may cause cleft-palate or hare-lip in the child by splitting a piece of wood or chopping up in a door-way with an axe (Russian Jew).
- 19. A pregnant woman helped her husband butcher his hogs, and when her child was born it had a pig's head (Mass).
- 20. The placenta should be burned and not buried, for the greater safety of the woman in her convalescence (Irish).
- 21. A placenta should be buried not burned: it is bad for the woman to have it burned (Russian Jew).
- 22. An Irish woman living near Boston Harbor asked that the placenta be thown into the water, so that the child might never meet his death by drowning.
- 23. Do not comb a parturient patient's hair while she is in bed for fear of child-bed fever (Nova Scotia and New England).
- 24. A parturient patient drank the urine of her son, probably as a diuretic, a fact to the truth of which a physician bears testimony. This occurred in New Hampshire.
- 25. Cow-dung, fresh as possible has been plastered on an inflamed breast, commonly known as "bealed breast," within twenty-five years in Cape Briton.
- 26. The belief that the possessor of a caul will not meet his death by drowning is probably known to all.
- 27. A child born with a caul is born to see sights and wonders (Nova Scotia).
- 28. When a child is born with a veil (caul) it should be removed downward, for if it be removed from below

upward the eyes will be opened to foresee death, sickness and other ills (N. Y.).

- 29. If a baby grips hard with its hands it is not silly (Nova Scotia)
- 30. If baby can sneeze it is not an idiot (Nova Scotia).
- 31. If a pregnant woman kicks a cat the baby will have milk in its breasts, that is mastitis (Russian Jew). The Irish call this witch's milk.
- 32. If a baby has jaundice some object of gold should be used about its dress and it will recover (Italian).
- 33. Tie a new coin in the baby's belly-band and the cord will drop off clean (Italian).
- 34. It is a common belief that a wetnurse may transmit her disposition or features to the bantling (New England).
- 35. An unsatisfied craving, a "longing," which, as we have seen before may give the child a birth mark, will cause it to have through life the habit of running his tongue out (Ireland).

#### MISCELLANEOUS.

- 36. To wash the face with a diaper on which a newborn babe has urinated will prevent or cure freckles (U. S. and Canada).
- 37. Urine is used as a cure for chapped hands (New England and Canada).
- 38. Boys urinate on their legs before going in swimming to prevent cramps (common in U. S.)
- 39. Human urine has been used in bronchial affections (New Brunswick).
  Boston Medical and Surgical Journal.
- 40. The patient's own urine was administered at Staffordshire, Eng., for gravel.

- 41. Within recent years a woman in England has been given her own urine after a severe illness to prevent "fits."
- 42. Menstrual napkins should not be burned.
- 43. For scanty menstrual flow let a young woman drink menstrual blood of a woman who flows freely, mixed with urine of a man (Pa.).
- 44. "Rabbit tea" (made of rabbit dung dried and steeped) is given for interrupted |m=nstruation. Patient is not to know the nature of the remedy (Utah).
- 45. To cure warts on a man rub them with menstrual blood (Italian).
- 46. If a woman takes salt fish from the keg during menstruation the remaining fish will soon spoil (N. Y.).
- 47. There seems to be a popular belief in a climacteric for men. It manifests itself in nervous and other disturbances, and is supposed to occur at the time of the corresponding change in his wite's life. It does not imply in his case a loss of the power of procreation.
- 48. Water standing in the depression of cow-dung was formerly recommended as a certain cure for pulmonary consumption (N. Y.).
- 49. The sheep dung tea cure for measles is said to be extensively used in New England.
- 50. A physician in Indiana reports that goose-manure is supposed by some in his vicinity to cure pimples on the face.
- 51. A poultice of fresh, warm cowdung is used for rheumatism (N. Y.).
- 52. Oil tried from the penis of a hog and applied to the loins of a child suffering from weakness of the kidneys or bladder cures the disease (Nova Scotia).

53. To remove tumors from the eyes (eyelids) rub about the lids with the hands of a corpse (N. B.)

54. It is not well to sleep with the

hands above the head, for by so doing one draws the blood to the head (Russian Jew).—Boston Medical and Surgical Journal.





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# SOME OF THE DIFFICULTIES IN DIAGNOSIS OF APPENDICITIS—WHEN TO OPERATE.

All who have had experience well know that the diagnosis of appendicitis, like the operation for its relief, is sometimes simple enough and sometimes is attended with great difficulties.

While this goes without saying, the risk of the problem which concerns the cautious, conservative, conscientious surgeon is one which often involves great perplexities, inasmuch as everyone must concede, after ten years' experience in laparotomies in appendicitis, that not only is this a disease which in the vast majority of cases, tends towards remedy by medical measures alone, but that radical surgery in the hands of the most skillful indiscriminately employed, unquestionably adds a fresh danger in many, and augments the mortality.

Surgical diagnosis is a vital prerequisite in the rational management of grave cases. In order to determine diagnosis on the part of the surgeon he must familiarize himself with the saving functions of the economy, pathological processes and anatomical deviations.

In many instances it is not a question for him to decide whether appendicitis be present, but its type, its progress and its probable termination, besides what is of the greatest importance, he must study the patient, analyze his general condition and strive to decide whether or not he can survive the shock of operation.

Whether to operate, if it could be only determined, would solve the difficulty and obviate much danger.

According to the diction of some surgeons, the time to operate is when a diagnosis has been made.

This is pernicious teaching, and is undoubtedly responsible for very much needless operating, and the death of many who should have been saved. My own experience has evidenced me that when serious and persistent constitutional symptoms are coincident with marked localized disturbances, radical surgery should not be urged.

The pathology of appendicitis is yet a closed chapter, its causes are yet a mystery, we are not familiar with the remarkable properties of serous membranes in limiting purulent or gangrenous processes of neutralizing their residue and eliminating their deposits. Surgical literature is rich in pictorial exhibits of the morbid anatomy noted in various types of appendicitis, but all this is of little practical value in the study of the disease itself or pointing to the time when to operate.

#### THE QUESTION OF APPENDICITIS.

The St. Louis Medical Review has recently had a symposium on the subject of "Prophylactic Appendisectomy," communicating with ninety-one American surgeons. But one respondent unqualifiedly supported the measure.

After all, is appendicitis a highly mortal disease, that we should eviscerate the infant to nip it in the bud? Evidently not. One of our staff, Dr. Manley, of New York, sought the statistics of the Health Department for some light on the subject, and again it was the mountain in labor and the offspring a mouse.

In the city of New York, with a population of about 2,000,000 in 1899, there were 299 deaths from appendicitis, at all ages, with and without operation. During the same period there were 375 deaths by suicide. Now how about operative prophylaxis for the latter?

But, notwithstanding the above rather startling facts, appendicitis remains a malady of serious importance and great interest.

For example, Edebohls found appendicitis present in 80 per cent. of cases of movable kidney in women, and hence chronic appendicitis often masks the symptoms of renal ectopia. Dr. Edebohls believes palpation of the appendix practicable. Treves believes that this is sometimes possible during the quiescent interval. When the general constitution points to amelioration, though the local conditions remain unchanged, Richardson would operate. When both show subsidence he would not operate, as he says that "many patients who were not doing perfectly well have had the scales turned against him by injudicious operation." Stein observes that the success in the treatment of appendicitis lies in a proper knowledge of the various pathological types. Schwartz would always rely on expectant treatment, until evidence of peritonitis was indubitable, Quinard operates if pain, muscular spasm and evidence of abscess are present. Regnier regards some cases as too serious for operation. As an example, when diabetes is present death is almost certain to follow operation. In five different cases of this class he was called to operate but refused, every patient making a good recovery. Jajolnier claims that when there is a localized non-purulent deposit the results are worse after operation. Bruns operated only when a septic condition of system was present. This was advised by the late Dr. Loomis. Mimier has recorded five recoveries in cases of severe appendicitis, treated by repeated intra-venous saline injections.

The fact is, a thousand remedies have been tried in appendicitis. The great majority of these cases tend to-

wards spontaneous recovery, while there are a certain small proportion which are inevitably mortal without surgery; but here operative intervention must be by an experienced skilled hand, else the patient's chances in a bad case are better if left alone. It is well to bear in mind that in the female adult, diseases of the ovaries or of the tubes may simulate appendicitis, as they co-exist with it, and, moreover, that in several of these cases we may open and drain by the vaginal route with perfect success, without making a breach in the abdominal walls.

# NOTES ON THE PATHOLOGY OF APPENDICITIS—DIFFICULTIES IN DIAGNOSIS,

M. Routier gives an extended note on the diverse anatomo-pathological characters found in various phases of appendicitis. (Revue de Gynæcologiemai, June, 1899. Contribution a l'appendicite. Base Sur, 180 autopsies. Tuffier et Jaennel.)

A point they distinctly emphasize is that in the greater number of the 150 autopsies they found traces of former pathological changes in the vicinity of the cæcal serosa.

Note is also made of the intimate contact of the appendix with the internal generative organs in the female; sometimes to direct connection of the lymph currents, through the appendiculo ovarian ligament. In old cases we sometimes find the appendix and ovary welded to the uterus by firmly organized adhesions; thus, in one case the appendix was quite lost in an old salpingitis. In another the elongated,

flattened out appendix was bound to the tube of fallopius, quite indistinguishable from the cæcum to the uterus.

Routier cites several cases of what were supposed to be salpingitis. On operation were found complicated with appendicitis or perforation with abscess. He observes that these complex cases present no deficient symptomatology, and are never discovered until the abdomen is opened.

Jaennel records three cases, in which during operation the appendix and annexes were so bound together and profoundly altered that it was quite impossible to establish the difference of one from the other. "Le point de depart et le role de chaoune de ses lesions." In these cases the annexes with appendix were all removed together.

Without tact, skill and experience

great confusion obtains here in operation. Ulceration of the cæcum was found in many tubercular cases, without implication of the appendix.

These authors noted several cases of great thickening of walls of appendix with lumen free. It was evident that in a large number the seat of inflammatory action was limited to the walls of appendix, external to the mucosum.

In 104 out of 151 cases the appendix was displaced and adherent.

There was anatomical evidence of spontaneous cure in nearly twenty per cent.

Note. - There is no organ in the ab-

domen the subject of such anomaly and deviations as the appendix; nor is there one the subject of such com plex pathological changes and frequent complications. Frequently it is found with difficulty, if at all; notably, when the organ is invaginated into the cæcum. In the female, when the cæcum lies low, it may be quite impossible to distinguish lesions of it from those involving the generative organs. Under these circumstances speed, safety and security in operating are only possible by a large incision, which freely exposes the deeply entangled appendix and renders it impossible to proceed with pre-T. H. M. cision.

#### EXPENSE OF MEDICAL CONSULTANTS IN SOUTH AFRICA.

Commenting on certain medical phases of the South African War, the Practitioner says: "A daily paper professes to think that the fact of Sir William MacCormac receiving pay detracts from the credit due to him for his patriotism. This is sheer cant. Sir William gains nothing in money from his appointment, and makes an enormous sacrifice of time and comfort, and too probably of health. The appointment was not of his seeking; he was, as I happen to know on the best authority, asked to go, and from a sense of duty he went. It is no light matter for a man of his age to expose himself to the manifold risks of such a war as is now being waged in South Africa. As a mere matter of business. however, I am inclined to doubt whether all this expenditure on consulting surgeons is justifiable. These gentlemen are being paid collectively at the rate of £35,000 a year. The question is certain to be asked in Parliament at some time or another, Does the country get its money's worth? The men, of course, are worth it, and more than worth it, but is the work which in the peculiar circumstances of the case, they are able to do, worth it? The Royal Army Medical Corps have shown themselves in spite of the Cassandra-like vaticinations of Prof. Ogston, fully capable of dealing with all the emergencies of the battlefield and the base hospital. There must, therefore, be comparatively few cases in which there is any particular need for the intervention of the consulting surgeon. Consequently these gentlemen must either take work which could be done more cheaply by the medical officers, or they must waste their scientific sweetness on the desert air. Of course the moral effect of their presence must be taken into account, but this hardly enters into the calculations of the economist."

It must however, be remembered that the different point of view which such civilian surgeons bring to bear upon the problems of administration in the medical service of the army may be a matter of considerable consequence and value. At the recent 127th anniversary dinner of the Medical Society of London, Surgeon-General Jameson spoke very highly of the new departure of attaching civil consulting surgeons of eminence to the Army Medical Corps at the front.

They were he considered not only of the greatest use in consultation over perplexing cases, but were also sources of strength in defence from adverse criticism. On the other hand, Surgeon-General Jameson stated that he and those on the spot were fully convinced that female nurses were out of place at the front; that a field hospital, to be of any use must be perfectly mobile, and this was impossible with female nurses.

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TWENTIETH CENTURY PRACTICE. AN INTERNATIONAL ENCYCLOPEDIA OF MODERN MEDICAL SCIENCE. BY LEADING AUTHORITIES OF EUROPE AND AMERICA. EDITED BY THOMAS L. STEADMAN, M.D., NEW YORK CITY. IN TWENTY VOLUMES. VOLUME XIX. "MALARIA AND MICRO-ORGANISMS." NEW YORK: WILLIAM WOOD AND COMPANY, 1900.

This volume of the most complete series of medical contributions of the period deals with malaria and microorganisms. There are only four contributors to these vast subjects—Dr. Amico Bignami of Rome, Dr. Simon Flexner of Philadelphia, Dr. Ettore Marchiafava of Rome, and Dr. Eugene L. Opie of Baltimore.

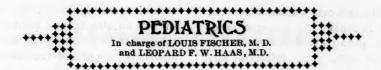
The volume opens with the article on "Malaria," by Drs. Marchiafava and Bignami, prefaced by eleven steel plates most elegantly executed. resume on the parasitic status of the disease and its relation to the causation of malaria is given as well as the methods of infection through mosquitoes, mammals, birds and insects. The parts on symptomatology are most complete. The article on malaria alone takes up 522 pages of the book. "Micro-Organisms" is the subject given to Dr. Flexner, and is most excellent in its details. Dr. Opie finishes the volume with an article on the Protozoa, which is exceptionally good. This volume is a most important addition to its already large and complete, up-to-date predecessors, and no doubt will be appreciated by the large number of subscribers to the work.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1900. E. B. TREAT & CO., PUB., NEW YORK, N. Y.

This is the eighteenth year of the International Medical Annual and with each successive number the popularity and size of the Annual grows until now it is quite a sizable book. It is hardly needful for us to say, to those of our readers who have purchased this work before, that it is a most complete resume of the preceding twelve months of medicine. They know and appreciate this fact. It is a work which the practitioner cannot well do without if he intends keeping up-to-date in his professson.

#### A NEW ARRIVAL.

We have received and read with much pleasure one of the first issues of a new claimant for honors in the field of medical journalism. name of the new monthly is The Journal of the New York County Medico-Pharmaceutical League. The little pamphlet is neat, compact, spicy and wide-awake. Dr. Samuel Brothers, a well and widely known member of the medical profession, is the editor, and proves himself the right man in the right place. Its aims are to crush out the counter-prescribing druggist and discourage large practices. The issue before us is a "hummer," and promises well for the future growth and usefulness of the League, of which this is the mouthpiece, and in no uncertain tones propounds its mission and aims.



#### SUMMER DIARRHOEA IN IN-FANTS.

With the approach of warm weather we are again reminded of our duty to look over our paraphernalia, with which we are to prevent and combat that common and troublesome condition, "Summer Diarrhoea in infants."

In the "Therapentic Gazette" of August '99, have been collected the opinions and methods of five of our leading teachers of paediatrics, men who have made this subject a life long study. It is remarkable that the cardinal points in each of the articles, are almost identical, although each writer wrote without knowing who the others were who were asked to contribute.

To avoid errors in hygiene and diet is regarded by all as the best preventive, numerous baths, and plenty of fresh air are absolutely indispensable to the welfare of infants and children. The quantity and quality of an infants' food is of prime importance. The finest breast milk can cause severe symptons if given too often. As Jacobi pointedly says; "Cow's milk is not woman's milk," and simple sterilization or pasteurization does not make it Dilution with water to diminish proteids and fats, and the addition of salt and sugar is necessary before we can get the proper food for bottlefed infants.

After an attack of diarrhoea has been started all the writers agree upon a thorough cleansing of the gastrointestinal tract, in order to get rid of the focus of fermentation. The best plan seems to be lavage, if the case is recent, and intestinal irrigations if it has lasted some days. The various methods are detailed at length, and differ only in technique. Calomel and Castor Oil make excellent adjuvants to this plan of treatment. The withdraway of milk for a longer or shorter interval is considered as important by all. Cereals are substituted no matter what the age. Milk properly prepared is then gradually substituted, thus slowly returning to the proper diet suited to the age and condition of the child.

The disposition to rely too much on drugs is gradually passing away, as the importance of diet is being recognized. The various preparations of Bismuth seem to be our most useful armamentarium, closely followed by opium. The latter is used to diminish increased peristalsis and pain, other drugs which have been much recommended but which in most cases need not be called on are; salol, beta naphtol, creosote, sodium salicylate, naphtalin, resorcin. alcohol, dilute muriatic acid, tannigen, tamopine, and a host of others.

In addition to these the child must get plenty of pure water to drink, and above all, a goodly suppy of tresh air.

L. F. H.

#### VAGINITIS AND OPHTHALMIA.

Dr. Scheffield discusses the relation between infective vaginitis of gonorrhoeal origin and purulent ophthalmia in children, and cites sixty-five cases occurring in the H. S. G. S. orphan asylum, four of which had gonorrhoeal ophthalmia. The vaginal secretion in each case was examined and proved to contain the genoceccus of Neisses, and an abundance of pus and epithelial cells. The infection was transmitted by means of towels, clothing, chambers, and the water in which the girls were bathed.

Among the many complications of vulvo vaginitis the author considers purulent ophthalmia to stand at the head in point of frequency. This is most frequently contracted by conveying the discharge, by means of the fingers, and to prevent this the author had devised a bandage which would allow the child to bring her hand up to her head, but not downward below the fifth rib. At night some absorbent cotton was placed over their eyes. and a short wide bandage kept this in place. This prevented absolutely any new cases from developing. Previous to this, boric acid washes three times daily had been used, but were of no avail. He recommends strong solutions of nitrate of silver grs. x to oz i. as an abortive measure.

Peritonitis, proctitis, endometritis are also complications, but occur much less frequently and can easily be prevented.

The writer gives a good prognosis in uncomplicated cases of gonor-rhoeal vulvo-vaginitis but declares that they take from four weeks to four months to cure, being more obstinate than in women. This is due to the imperfect drainage allowed by the intact hymen.

L. F. H.

Dr. Pailip Meironeity reports an interesting case of epilepsy in a girl nine years of age, who was having five or six convulsive seizures in the twenty-four hours. This had been going on for a year. She was put on Sodium Bromide and a bread and

milk diet. During the next four weeks she had no attacks and sumbul was substituted for the bromide, and immediately the attacks recommenced. Recourse was again had to Sodium Bromide, after which she only had two attacks, the last one about two years ago. This case helps to correct the prevalent falacy that epilepsy is incurable.

The author also reports a case of chorea complicated by multiple neuritis. The patient, a girl of thirteen years, had taken four ounces of Fowler's solution during a period of seven weeks. She developed paraesthesias and pains in the legs which became paralyzed, the typical drop foot being one of the first symptons. Soon after this the arms also became painful and weak. The reflexes were abolished and the paralyzed muscles showed the reaction of degeneration, and were emaciated and tender on pressure. The curious thing about this case was, that excepting one attack of vomiting there were no further symptoms of gastro-intestinal disturbance. case proves conclusively, that Fowler's solution can not be given with impunity for any considerable length of time, but requires constant supervision by the physician in charge. L. F. H.

The presence of microbes in the normal intestinal mucosa of animals is very rare, according to "La Presse Medicale. In infants who are suffering from gastro-enteritis microbes are found much less, frequently than we would expect; of eleven cases which were studied clinically and post mortem seven cases had bacteria, while in four they were absent. The clinical or anatomical variety of the disease had no relation to the presence or absence of bacteria. They are very rare in the upper part of the gastro-intestinal tract, while none are found in the muscularis mucosa, nor in the blood ves-L. F. H. sels.



### A CONTRIBUTION TO THE THERAPEUTICS OF IRON.

BY DR. GELLHORN, Assistant Physician.

The skeptical assertions of Dr. Bunge, regarding the value of ferruginous medication, at the Congress for Internal Medicine of 1895, evoked an almost unainmous and vigorous opposition in the discussion which followed the reading of his paper. The doubts expressed by him in reference to an insufficient absorption of the inorganic preparations of iron could at that time only be controverted, in the main, by the results of practical experience derived from the administration of iron. However, Quincke even then pointed out that his investigations on the subject, which had not yet been concluded, had demonstrated the absorption of iron preparations given for medicinal purposes, and their utilization in the body. In 1896, at the Congress for Internal Medicine, Quincke reported the results of his experiments which meanwhile had been completed, and which confirmed in every respect the above-mentioned statement. He had made it his aim to trace the course of iron along the intestinal canal. by means of micro-chemical reactions, and for this purpose fed white mice for a number of days with cheese, to which had been added various ferruginous preparations. The animals were killed during feeding, or after the lapse of a certain interval, and the viscera, especially the intestinal canal, hardened in alcohol, cut open and examined for the presence of iron with sulphide of ammonium as a reagent. It was thus found that iron is absorbed exclusively in the duodenum, and this applies both to the iron in the

tood and that administered medicinally. It was detected in the duodenal epithelium and in the stroma of the duodenal epithelium and in the stroma of the villi, and is visible even to the naked eye. Furthermore, iron is found deposited especially in the liver cells, in a form perceptible on microscopical examination, and in rare cases could be detected by microscopica means in the cortical tubules of the kidneys.

These investigations of Quincke have demonstrated incontestaby that the favorable results which have been obtained, since olden times, from the administration of iron are actually attributable to its absorption, and not, as Bunge would have it, to accidental circumstances, to diet alone, or even suggestion. Control experiments in this direction with indifferent medicaments are readily carried out, and were repeatedly mentioned at the Congress of 1895. It should be added that these control experiments were followed by no change, or only by a transient improvement in the condition of the patient.

At the last Congress for Internal Medicine, the subject of the therapeutics of iron was so thoroughly ventilated by the foremost clinicians, as well as by numerous physicians in late years, that a new contribution would appear superfluous. This subject, however, is of such immense importance to the general practitioner, that a cumulation of material is necessary in order to eliminate the least doubt as to the efficacy of a therapeutic measure which, originating at first on the

basis of speculation, and later supported by the results of empirical observations, has finally been demonstrated to be of value by exact experimentation.

In the following I will only discuss the clinical aspects of this question. I was encouraged in undertaking this work by my honored teacher, Dr. Mackenrodt, who has assisted me in every possible way. In the management of chlorosis and anæmia and the host of sequelæ of these diseases, the physician would be powerless if he had not in iron a specific, or at least a potent and indispensable adjunct to his other therapeutic resources. The patients, who belong for the most part to the working classes, give in the main the same group of symptoms: amenorrheea, scanty or profuse, weakening, irregular, usually premature, menses; headache, anorexia and dyspepsia"; neuralgias, and almost invariably marked lassitude, which interferes markedly with their ability to work. In these cases prompt and radical help must be afforded, in order to restore to the patients their full working capacity as soon as possible. It is well known that the therapeutic value of the various iron preparations differs greatly. This is shown a priori by the abundance of manufactured products of this kind. My experience relates chiefly to three preparations, pilulæ chinini cum ferro, formula magistralis of Berlin, liquor ferri albuminati, and the neutral Pepto-Mangan (Gude). My results with the first of these three remedies have been very indifferent, while with the liquor ferri albuminati of the pharmacopia they were somewhat better. I have instituted accurate examinations, however, with only Gude's Pepto-Mangan, and the data given further on relate to this remedy alone. Owing to my limited experience with the many other preparations employed by various authors, I would not designate the PeptoMangan as a universal remedy, or as the only efficient preparation.

Still another remark: there can be no doubt that our medical intervention, no matter of what kind, is materially assisted by psychical impressions. This applies especially to our female patients, who are extremely susceptible to mental influences of this character. Hence, it may readily occur at the commencement of treatment that the previous'disorders are less strongly felt, and it is therefore unfortunate that an objective criterion for the existing improvement is not at our disposal, as such we would regard regular examinations of the quantity of hæmoglobin in the blood. In the observations reported these were made with Gowers' hæmoglobinometer. This instrument is very convenient, and is superior to Fleischl's apparatus for the use of the general practitioner, especially on account of its cheaper cost. The tests are very exact; any existing errors are the less to be considered since they occur uniformly and in about the same degree during the entire course of the experiments.

That dietetic treatment alone may be successful in anæmic and chlorotic patients was laid down as a dictum by Immerman and Reinert at the Congress for Internal Medicine of 1895. It is natural to suppose that poor and illnourish persons would gain in strength under the influence of a proper and invigorating diet; nevertheless, after eight to fourteen days a cessation in the improvement occurs and the old disorders return. These authors, as well as Nothnagel and v. Ziemssen, consider an invigorating diet as only a valuable adjunct; both of the latter, moreover, regard rest in bed for several weeks as an important factor in the cure. Since several years Mackenrodt has also institued a large series of observations of this kind, not yet published, in which, for purposes of

control, he employed quantitative estimation of the hæmoglobin. It was found by him that under the influence of hygienic and dietetic regulations alone the quantity of hæmoglobin in the blood increased only at the commencement of treatment, and then only in a dilatory manner.

In the case of one of my patients I proceeded as follows: I prescribed Pepto-Mangan (Gude), one teaspoonful three times daily after meals, and regulated the diet in accordance with the directions furnished with preparation. Sour and fatty foods, as well as raw fruits, are to be avoided under all circumstances. Fritsch (Diseases of Women, 1892, pp. 469) advises, indeed, that the desire for acids manifested by chlorotics, should be gratified. According to my experience however this craving for acids is to be regarded as a pathological condition of the alimentary tract, which is made worse by further supply of acids, but can be successfully overcome by an unstimulating diet. In cases where the social conditions in any way permitted, I allowed the patient to take a small glass of red wine three times daily, but never during a period of one hour before and after the administration of the medicament, in order to prevent the combination of the tannic acid contained in the wine with the iron. The use of potatoes was restricted as much as possible, at least, during the first four weeks. Furthermore, I resorted to the dietetic regulations customary in these cases, but changed them to advantage when, as so often happens, obstinate constipation was present following in this respect the suggestions of Hebra, which have recently been again advocated by Ruge (Transactions of the Obstetrical and Gynecological Society of Berlin, 1, III, 1896), and obtained generally excellent results. In contrast to several authors who made it a practice to remove any existing dyspepsia before resorting to the use of iron, I have followed the method of v. Ziemssen and Baumler, of at once administering iron—unless the presence of a severe gastric, affection, especially ulcer of the stomach, could be positively determined—and observed as early as the end of one or two weeks an increase of appetite and subsidence of the gastric disorder.

I would lay especial stress upon systematic exercise in the open air. I ordered the patients, who with two exceptions, were treated out of bed, to take a strollat midday, at first of five to ten minutes' duration. At the end of three or four days they were allowed to remain outdoors for five to ten minutes longer.

After each walk they were advised to take off their corsets, put on their slippers, and rest for an hour on the sofa. Under this treatment the lassitude invariably vanished after a time.

In the manner thus described I have treated in all about sixty patients. In twenty-four cases I institued quantitative estimations of hæmoglobin at regular intervals of three, five, or eight days. Under normal conditions the quantity of hæmoglobin in woman amounts to 12.59 per cent. when estimated in comparison with the other constituents of the blood. Among my cases the lowest amount met with, was in a single instance, 30 per cent. of the normal, that is to say, of the above 12.59 per cent. Next to this was the following case with 32 per cent. of the normal:

Miss W. G., twenty-two years old, seamstress, related thas she had been under treatment for four years for chlorosis. Since the age of nineteen, her menses had been scanty, occuring before the usual time, and of three to eight days' duration. On September 26, 1895, a remotio secundinarum occured, after an abortion induced in the fourth month. At present she complains of darting pains

in the upper portion of the lungs headaches, and rapid loss of strength.

January 9, 1896, anæmic appearance; physical examination, especially of lungs negative. Quantity of hæmoglobin, 32 per cent. Ordered Pepto-Mangan (Gude), diet, etc.

January 13, 1896, considerable improvement of the general condition. Hæmoglobin, 45 per cent.

January 17, since previous day diarrheea, due to gross errors in diet, troublesome eructations. Ordered tinct. opii. 15 drops three times daily. Hæmoglobin, 47 per cent.

January 21, improved after use of tinct opii., no more gastric pains or eructations. Headaches have completely disappeared, lassitude less marked. Hæmoglobin, 55 per cent.

January 31, condition unchanged, ceased menstruating on previous day, the flow having lasted five days.

February 8-28, patient feels well and no longer complains of pain in the lungs. Appetite and bowels regular. Hæmoglobin, constantly 55 per cent.

March 5, no change. Hæmoglobin, 62 per cent.

March 11, Hæmoglobin, 68 per cent. March 27, Hæmoglobin, 77½ per cent.

Unfortunately, as in most of these cases, the patient's visits ceased as soon as she felt entirley capable of going to work. As a matter of fact, the increase of hæmoglobin in this case was tardy, as in four other cases in which the quantity at the beginning was 34, 35, 37 and 38 per cent. of the normal. In eighteen other instances in which the initial amount was higher, viz: 42-75 per cent. of the normal, progress was more rapid as a rule.

This is most strikingly illustrated in the following case:

Miss C. B., aged fifteen years, complains of violent headaches, visual disorders, loss of appetite, a feeling of pressure over the stomach, constipation and general lassitude.

June 2, 1896 status præsens; mucous membranes pale: physical examination, negative; heart, normal; quantity of Hæmoglobin, 45 per cent. Prescribed as in the above case.

June 9, headache has disappeared; condition other wise unchanged. Hæmoglobin, 45 per cent.

June 16, improvement. Hæmoglobin. 51 per cent.

June 23, decided improvement. Hæmoglobin, 55 per cent.

July 8, patient free from complaints; cheeks ruddy; lips and conjunctiva red. Hæmoglobin, 78 per cent.

July 23 and September 24, conitnued good health.

I also derived exceedingly favorable results from the use of Pepto-Mangan (Gude), in patients who came to us for operations after having been exhausted by protracted hemorrhages. Of course convalescence in such cases is delayed; the system recuperates but slowly from the double injury inflicted by the losses of bood andthe operative intervention. Digestive disturbances are especially apt to be troublesome. In these cases ferruginous medication often produces remarkable improvement.

I cannot close this paper without calling attention to the beneficial influence exerted by Pepto-Mangan (Gude), in anæmic neuralgias, and as an illustration of its effects in this class of cases, add in brief the following history of a case.

Mrs. K., aged thirty-five years, very pale and ill-nourished, suffers from intercostal neuralgia on the left side.

January 30, 1896, quantity of Hæmoglobin, 68 per cent. of the normal

February 5, in the mean time has suffered on two days with violent head-aches; inter costal neuralgia presists; appetite good; no gastric disturbances. Hæmoglobin, 69 per cent.

February 12, no longer troubled with headaches, with exception of one attack of neuralgia, in the area supplied by the left supra-orbital nerve. The paroxysms of pain on the left side of the chest have become less frequent. The lassitude has subsided. The mucous membranes are still anænic. On the whole, the patient feels better and more vigorous than before the commencement of treatment. Hæmoglobin, 75 per cent.

February 18, considerable improvement of neuralgias; no headaches, nor digestive disturbances. General health improved. Menses appear earlier than previously, this being the second day of the flow. Hæmoglobin, 73 per cent.

February 26, during the preceding days transient deterioration of her condition, owing to mental excitement. Menstrual period has been normal. Hænoglobin not estimated.

March 2, patient no longer complains. Intercostal neuralgias have ceased to occur, except on rare occasions. Hæmoglobin, 76 per cent.

March 13, health good in general. Iron discontinued on account of gastric disturbances, which are said to result from excitement. Ordered strict diet and iron to be resumed.

March 19, complete restoration to health. Hæmoglobin, 82 per cent.

That the final estimates did not yield the normal quantity is not surprising since it is frequently somewhat reduced even in healthy persons. At any rate, the objective and subjective state of the patients in the above cases, as well as in the others not reported in detail, afforded the impression that a radical cure with complete restoration of the ability to work has been effected.

It must be conceded that in matters of therapeutics it is always difficult to appreciate correctly the relation of cause and effect, and to eliminate the factor of accidents in estimating the efficiency of any plan of treatment. And in order to arrive at a positive and unbiased decision, it is necessary to resort to a series of observations and control experiments of so great an extent that the single observer, even though he have at his disposal a vast amount of material, is only capable of furnishing a small contribution in the discussion of these questions. Furthermore, a certain amount of latitude must always be allowed to individual judgement.

Yet while fully conscious of these limitations I think I am justified in asserting that in my therapeutic trials with Pepto-Mangan I obtained all that can be rationally demanded. And I further consider myself warranted in stating that in view of the unquestionable necessity of ferruginous medication in certain troublesome constitutional affections this preparation acts as a most efficient and useful auxiliary to our therapeutic efforts.—Therapeutische Monatshefie, May, 1807.

#### MAMMARY CANCER.

W. M. Banks (Lancet, March 24, 1900) says there are certain dangerous delusions in the mind of the laity and many of the profession concerning cancer of the breast, which lead them to defer consulting the surgeon until the best time for operating has passed. These criors are mentioned: Heredity seems a prominent causative factor in the mind of the laity; pain is thought to be an essential symptom of carces, but is, as a rule, entirely absent in

the early stages of the disease, and the lump is usually accidentally discovered; cachexia, even in a large portion of the medical mind, is considered necessary to the diagnosis, wheras it occurs late in the disease from pain, fetid discharge, septic absorption, insomnia and mental distress; early in cancer the patients are very frequently well-nourished, ruddy individuals. In internal cancers, cachexia may very well be present when the trouble is first diagnosticated; nipple-retraction and skin-adhesion are familiar only to the profession; retraction occurs only when the growth is immediately under the nipple; adhesion of the skin to a cancer is of the "pigskin" variety and is quite characteristic. Chronic mastitis is not infrequently mistaken for cancer. is more apt to occur in comparatively spare, childless women, and after a time causes the breast to resemble a hard, flat cake, with harder knobs here and there. In these cases, skin-adhesion is rare and when present not of "pigskin" type, and glandular involvement is not present. Deep seated chronic abscess surrounded by dense inflammatory tissue is very deceptive.

Skin-adhesions when present do not cause pigskin dimpling. Exploration is the only certain means of differentiating. The same points are true concerning a small fibro-adenoma, a small, very tight, deep-seated cyst. In order to avoid error in diagnosis, he never removes a breast without first incising the tumor or exploring it with trocar and cannula. A breast tumor should be examined in three ways: The surgeon should first stand behind the patient and reach round to the breast, as this position gives his tactile sense its best advantage; then, from in front he examines the patient sitting and finally, lying down. The examinations in these different postures develop all the tumor's features. When the diagnosis is once made extirpation of the breast and axillary contents is imperative.

Medical News.

#### ASHEVILLE.

"THE LAND OF THE SKIES"—WEST-ERN NORTH CAROLINA.

At an altitude of nearly 2500 feet above the sea Asheville is one of Nature's most charming sanitariums. Here, as nowhere else, are to be found, in greatest perfection, ideal climatic conditions; for neither in summer nor winter are there extremes in temperature, the seasons being marked by the calendar rather than by the weather.

The temperature maps prepared by the National Government show that there is formed by the peculiar topographical conditions existing on the Asheville Plateau, the ideal thermal belt of America. As a health and pleasure resort it has no superior. The air is balmy and exhilarating, the elevation guarantees purity of atmosphere most potent in its influences upon sufferers from throat Those who and nervous diseases. visit the place once will be disposed to do so again; and the fact that some of the best hotels in the country are found there will complete the allurements to visitors seeking health or pleasure.

The months of April and May are the most charming season of the year to visit Asheville and the "The Land of the Sky." It is easily reached, by the Washington & Southwestern Limited, of the Southern Railway, carrying through Pullman Drawing-room Sleeping Cars to Asheville, leaving Broad St. Station, Philadelphia

daily 6.55 P. M., arrives Asheville the following day at 2.00 P. M. Chas. L. Hopkins, District Passenger Agent 828 Chestnnt St., Philadelphia, will be pleased to furnish any further information.

INO. C. LEVIS, M. D., West Bridgewater, Pa., says: I have used CELERINA in my own case for insomnia. Among all the hypnotic preparations and nerve tonics, it stands justly pre-eminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century, this is perhaps the first public testimony I have offered. CELERINA is the very best nerve tonic now offered to the profession, and can not be too highly recommended. To those wanting a nerve stimulant it will be just the remedy.

#### ANDREW CARNEGIE ON TRUSTS.

A director of the Standard Oil Company has recently published in The Independent an article declaring trusts to be good for the workingman. To the May Century, Andrew Carnegie of the Carnegie Company, which rivals the Standard Oil for first place among the world's great corperations, will contribute an essay taking the same ground. In this article, which bears the title "Popular Illusions about Trusts," the great steel manufacturer argues that the evils of trusts are generally self corrective; that no trust can live long unless it secures a virtual monopoly of the commodity it deals in; and that "the only people who have reason to fear trusts are those who trust them." In the same magazine "The Real Danger of Trusts' -their menace to the independence of the individual and the state—will be pointed out in a vigorous editorial.

We are in receipt of a letter from Mr. Major, the famous cement man, of New York, in which he sets forth some very interesting facts about Major's Cement.

The multitudes who use this standand article know that it is many hundren per cent better than other cements for which similar claims are made, but a great many do not know why. The simple reason is that Mr. Major uses the best materials ever discovered and other manufactures do not use them. because they are too expensive and do not allow large profits. Mr. Major tells us that one of the elements of his cement costs \$3.75 a pound, and another costs \$2.65 a gallon, while a large share of the so-called cements and liquid glue upon the market are nothing more than sixteen-cent glue, dissolved in water or citric acid, and, in some cases, altered slightly in color and odor by the addition of cheap and useless materials.

Major's Cement retails at fifteen cents and twenty-five cents a bottle, and when a dealer tries to sell a substitute you can depend upon it that his only object is to make larger profit.

The profit on Major's Cement is as much as any dealer ought to make on any cement. And this is doubly true in view of the fact that each dealer gets his share of the benefit of Mr. Major's advertising, which now amounts to over \$5000 a month throughout the country.

Insist on having Major's. Don't accept any off hand advice from a druggist.

Always have a supply of Major's Cements on hand.

If you are at all handy (and you

will be likely to find that you are a good deal more so than you imagine) you can repair your rubber boots and family shoes, and any other rubber and leather articles, with Major's Rubber Cement and Major's Leather Ce-

ment.

And you will be surprised at how many dollars a year you will thus save.

If your druggist can't supply you, it will be forwarded by mail; either kind.

Indicate ordered the stability

